

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <b>604876</b>	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1			/				51						
2				/			52						
3				/			53						
4				/			54						
5				/			55						
6				/			56						
7				/			57						
8				/			58						
9				/			59						
10				/			60						
11				/			61						
12			/				62						
13				/			63						
14				/			64						
15				2			65						
16				1			66						
17			/				67						
18				1			68						
19				2			69						
20				2			70						
21			/				71						
22				1			72						
23			/				73						
24			/				74						
25							75						
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29							79						
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38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.			6				TOTAL IND.						
TOTAL DEP.			21				TOTAL DEP.						
TOTAL CLAIMS			37				TOTAL CLAIMS						